



PATRIOTS GATEWAY COMMUNITY CENTER
615 S. FIFTH ST.
ROCKFORD, IL 61104
815-967-0413
PATRIOTSGATEWAY.ORG

Registration Form

Child Information:

Full Name, Date of Birth, Grade as of 9/1/26, School, Gender, Ethnicity, Address, City/State/Zipcode, Youth's Shirt size, Did child attend our 2025 Summer Camp, Did child attend our 25-26 After School Program

Parent Information:

Primary Parent: Relationship, Telephone Number, Email, Place of Employment, Hours/week, Second Parent: Relationship, Telephone Number, Email, Address, City/State/Zipcode, Place of Employment, Hours/week, Which parent does the child reside with?

Emergency Contact:

1st Contact Name: Relationship, Telephone Number, Address, 2nd Contact Name: Relationship, Telephone Number, Address

Registration Fees/Commitment to Pay

Date of 1st Day: [REDACTED]

***Daily Fee: \$35**

***Weekly Fee: \$175**

How will you pay for Summer Camp?

Out of Pocket

I currently received CCAP and will add PGCC as approved site.

I will apply for the Child Care Assistant Program (Chilcare Solutions)

*If you are paying out of pocket, child can start as soon as payment is made.
If you have or plan on applying for CCAP, child cannot start until Approval Notice is received.*

First week's payment due one week prior to first day of attendance. Subsequent weekly registration fees due by Friday preceding the week for which payment is due. If the week's registration fee is not made by the due date, your child will not be able to participate in the program until payment is made. I agree to provide timely prepayment for this child and the programs attended at Patriots Gateway Community Center

*Signature of Adult responsible for payment and/or childcare solutions:

[REDACTED]
Print Name

[REDACTED]
Signature

[REDACTED]
Date

Child's Physician

Name:

[REDACTED]

Clinic:

[REDACTED]

Address:

[REDACTED]

City/State/Zipcode

Number:

[REDACTED]

Authorized Pick-ups

1st Person:

[REDACTED]

Relationship:

[REDACTED]

Address:

[REDACTED]

Number:

[REDACTED]

2nd Person

[REDACTED]

Relationship:

[REDACTED]

Address:

[REDACTED]

Number:

[REDACTED]

Special Information

Please check YES or NO for each of the following statements indicating your agreement to consent.

Yes No

I state that any medical conditions (listed or not listed) would not prevent my child from safely participating in a sport/activity.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity. I authorize Patriots Gateway Community Center to administer emergency first-aid.

In the event that neither I nor my emergency contacts can be reached in an emergency, I give permission to Patriots Gateway Community Center to contact my child's physician or a physician selected by Patriots Gateway Community Center to secure proper treatment for the child in case of an illness or injury. I authorize the use or disclosure of the health information for purposes of securing health treatment. I agree that I may be required to pay all or most of the expenses incurred for such treatment.

Yes No

I understand that my child will participate in day trips that will originate and return to Patriots Gateway Community Center. If my child has submitted and completed all registrations forms for enrollment in summer camp 2023, I give my permission for my child to be transported on vehicles to the designated field trip location. If my child has not completed all registration forms for enrollment in summer camp 2023, they will not be allowed to attend the field trip ____ INITIAL and I understand that my child will not be attending summer camp on that day ____ INITIAL because there will be no staff at PGCC. You will provided with specific transportation details for each filed trip in advance.

Yes No

Patriots Gateway Community Center is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. Patriots Gateway Community Center continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs. You are solely responsible for determining if your minor child/ward is physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or has recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK: Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers, and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premise defects, inadequate or defective equipment, inadequate supervision, instruction, or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Patriots Gateway Community Center to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: Please read this form carefully and be aware that in signing up for and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected and associated with this program/activity (including field trips and transportation services/vehicle operation when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against Patriots Gateway Community Center, including its officials, agents, volunteers, and employees. I do hereby fully release and forever discharge Patriots Gateway Community Center from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the program/activity.

Yes No

Photo Release (Note: Check "No" if you are a foster parent to the child.)

I give permission to Patriots Gateway Community Center to use and publish any photographs, videotape, film, slides or any likeness taken of my child while involved in programs at or with Patriots Gateway Community Center. I further waive, release and disclaim any right or claim to any payment or compensation for the use of my child's likeness, and waive, release and disclaim any damages or injuries which my child could or may suffer as a result of my consent to said use of any likeness of my child. Your child may step away from the camera or notify the photographer if you prefer that they not be photographed.*

Yes No

Should the Patriots staff be aware of any medications your child is taking? And the purpose?

If yes, please explain:

Yes No

Should the Patriots staff be aware of any mental, physical, or behavioral conditions your child has? ie. Autism , ADHD etc.

If yes, what triggers should staff be aware of:

Yes No

Should the Patriots staff be aware of any other factors critical to the well-being and ability of the child to participate in the program?

If yes, please explain:

Parent Agreement & Consent

I, the undersigned, being legal guardian of the minor listed on this application, hereby grant permission for the named applicant to participate in this program, having read and agreed to all the terms and conditions as stated above, and with the understanding that payment is due one week prior, contingent on alternative payment, and is non-refundable.

Participant Printed Name: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature: . _____

Today's Date: _____

*CCAP Attendance Agreement

If you are funded with CCAP or scholarship, you are required to attend at least 75% of the summer camp days each week. If you do not attend at least 75% of the summer camp days, then you will be responsible for cash payment of weekly registration fee. All fees for summer camp must be paid or payment arrangements must be made with the office. If your child is absent four out of ten days in a consecutive two week period, they will be unenrolled from camp, and the summer camp slot will be assigned to another youth on our waiting list.

If you know that your child will be absent from summer camp for an extended vacation, you must notify us two weeks in advance or their summer camp slot will be assigned to another youth on the waiting list.

Parent/Guardian Signature: _____ Date: _____